

**CITY OF MAPLE GROVE POLICE DEPARTMENT
INFORMATION DISCLOSURE REQUEST**

A. TO BE COMPLETED BY REQUESTOR

The following information is required to determine if the requested information is public or not public. If determined to be not public, additional information may be requested.

DESCRIPTION OF INFORMATION BEING REQUESTED: (TYPE OF INCIDENT, DATE, TIME, LOCATION, PEOPLE INVOLVED, ETC. IF KNOWN)	DATE REQUESTED:
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You are being asked to supply the following information that may be private or confidential information about yourself. Such information will be used by this department and other departments whose job reasonably requires access to the data to determine if you have the right to access the requested data and contact information when the requested data is available. Refusal to supply said information may result in a delay of the availability of the requested data. If you refuse to supply said information, then it is your responsibility to contact the necessary department to determine the status of the request.

NAME: (Last, First, Middle)	DATE OF BIRTH:
STREET ADDRESS:	PHONE NUMBER:
CITY/STATE/ZIP:	EMAIL ADDRESS: (only available if signature is not required)

<u>ICR STATUS:</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Cleared by Arrest</div><div><input type="checkbox"/> Tag Issued</div><div><input type="checkbox"/> Open/Active</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Open/Inactive</div><div><input type="checkbox"/> Refer other Agency</div><div><input type="checkbox"/> Exceptionally Cleared</div></div> <div style="margin-top: 10px;">LRMS DISPOSITION _____ MNCIS STATUS _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> JUVENILE</div><div><input type="checkbox"/> ADULT</div></div> <div style="margin-top: 10px;">REQUEST PROCESSED BY _____ DATE _____</div> <div style="margin-top: 10px;">REQUEST REVIEWED BY _____ DATE _____</div> <div style="margin-top: 10px;">REVIEWED BY INVESTIGATOR _____</div>	<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>CASE # _____</div><div>CASE # _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>CASE # _____</div><div>CASE # _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>CASE # _____</div><div>CASE # _____</div></div> <div style="border: 1px solid black; height: 30px; margin-top: 10px; padding: 2px;">REQUEST TAKEN BY:</div> <div style="margin-top: 10px;">NOTES/SPECIAL ATTENTION:</div>
<u>INFORMATION CLASSIFIED AS:</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> PUBLIC</div><div><input type="checkbox"/> NON-PUBLIC</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> PRIVATE</div><div><input type="checkbox"/> PROTECTED NON-PUBLIC</div></div> <div style="margin-top: 5px;"><input type="checkbox"/> CONFIDENTIAL</div>	<u>ACTION:</u> <div style="margin-top: 10px;"><input type="checkbox"/> APPROVED</div> <div style="margin-top: 5px;"><input type="checkbox"/> APPROVED IN PART (EXPLAIN)</div> <div style="margin-top: 5px;"><input type="checkbox"/> DENIED (EXPLAIN BELOW)</div>

REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:

PHOTOCOPYING CHARGES:

_____ (# of Pages) x _____ (copy charge per page) = _____ (total cost) by _____ (initials)

Authorized Release Signature/Title:	Date:
Requestor Signature: ID REQUIRED FOR PRIVATE INFORMATION (If circled/highlighted)	Date: